

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 41	
1. CONTRACT/PURCH ORDER/AGREEMENT NO. <b>N0017819D7461</b>			2. DELIVERY ORDER/CALL NO. <b>N0001421F3004</b>		3. DATE OF ORDER/CALL (YYYYMMDD) <b>2021MAY21</b>		4. REQUISITION/PURCH REQUEST NO. <b>1300932915</b>		5. PRIORITY <b>Unrated</b>		
6. ISSUED BY Office of Naval Research 875 N. Randolph St Arlington, VA 22203-1995				CODE <b>N00014</b>		7. ADMINISTERED BY (If other than 6) SCD: C			8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR ● NAME AND ADDRESS Cydecor, Inc. 251 18th Street South, Suite 550 ● Arlington, VA 22202-3892				CODE <b>3HBG4</b>		FACILITY ● <b>032917879</b>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>		11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
12. DISCOUNT TERMS <b>Net 30 Days WAWF</b>				13. MAIL INVOICES TO THE ADDRESS IN BLOCK <b>SEE SECTION G</b>							
14. SHIP TO <b>SEE SECTION F</b>				CODE		15. PAYMENT WILL BE MADE BY DFAS Columbus Center, South Entitlement Operations P.O. Box 182264 Columbus, OH 43218-2264				CODE <b>HQ0338</b>  MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.	
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
		PURCHASE <input type="checkbox"/>		Reference your _____ furnish the following on terms specified herein.							
<b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
Cydecor, Inc.				<b>Nader Elguindi</b>							
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:								DATE SIGNED (YYYYMMDD)			
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>SEE SCHEDULE</b>											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		<b>SEE SCHEDULE</b>									
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA  /s/Dunia Hickey BY:				05/21/2021 CONTRACTING/ORDERING OFFICER		25. TOTAL <b>\$2,018,662.00</b>	
										26. DIFFERENCES	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.  <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				31. PAYMENT  <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.										34. CHECK NUMBER	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	